

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 - 0 0 7

2. STATE:

Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 360,000

b. FFY 2006 \$ 360,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 10, Page 2 of 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Item 10, Page 2 of 2

10. SUBJECT OF AMENDMENT:

Dental Payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mary Steiner

14. TITLE:

Interim Administrator

15. DATE SUBMITTED:

December 21, 2004

16. RETURN TO:

Margaret Booth
HHS - F&S
301 Centennial Mall South
Lincoln, Nebraska 68509**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 22, 2004

18. DATE APPROVED:

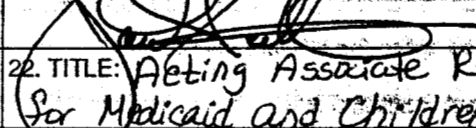
March 23, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: Acting Associate Regional Administrator
for Medicaid and Children's Health

21. TYPED NAME:

James G. Scott

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

NMAP provides an enhanced payment for dental treatment when treatment is provided or supervised by a dentist who is employed by the University of Nebraska Medical Center (UNMC) College of Dentistry and who is providing or supervising the treatment as part of an approved program of the College. The enhanced payment is to cover the cost of providing care to Medicaid eligible patients and is made by increasing the Medicaid allowable fee by a set percentage amount.

The percentage increase is based on the difference between the allowed Medicaid fee and the average fee allowed by the other third party payers that are most frequently billed by UNMC College of Dentistry, weighted by the number of Medicaid covered services. The percent difference will be calculated every two years with supporting documentation available for public review.

UNMC is responsible for the state matching share of the NMAP expenditures. The state matching share is transferred from the UNMC College of Dentistry to the Department.

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

TN# MS-04-07

Supersedes

Approved

MAR 23 2005

Effective

OCT 01 2004

TN# MS-00-06